

MEASURE J
"REIMAGINE LA"



2021 SPENDING
RECOMMENDATIONS PROCESS

Measure J Diversion, Behavioral Health, and Health Subcommittee

Planning Resource: Subcommittee's Emerging Ideas for Funding Recommendations and the related Foundational ATI Recommendations



2021 SPENDING
RECOMMENDATIONS PROCESS

Measure J Funding Areas:

Direct Community Investment

1. Community-based youth development programs
2. Access to capital for small minority-owned businesses with a focus on Black-owned businesses
3. Rent assistance, housing vouchers and accompanying supportive services to those at-risk of losing their housing or without stable housing
4. Capital funding for transitional, affordable, & supportive housing and restorative care villages with priority for shovel-ready projects.

Alternatives to Incarceration

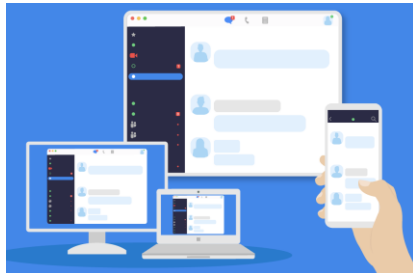
1. Community-based restorative justice programs
2. Pre-trial non-custody services and treatment
3. Community-based health services, health promotion, counseling, wellness and prevention programs, and mental health and substance use disorder services; and
4. Non-custodial diversion and reentry programs including housing and services.



Emerging Funding Recommendation Elements ● from This Subcommittee

This Subcommittee has been generating Funding Recommendations Elements since we starting meeting 2 weeks ago.

Zoom Chat
Meeting #1 & 2



Meeting #1
Google
Jamboard



Meeting #2
Menti.com
*wordcloud &
comment section*

 **Mentimeter**



Emerging Funding Recommendation Elements:

“Who”



The most
impacted groups
in this
subcommittee's
focus area

- **Black / African American**

- Black People, Black Transgender Gender Non-conforming Intersex (TGI), Black Trans, Black LGBTQ, Black Youth, Black Adults, Black Women, Black Men, Black Undocumented, Black People with Mental Health Disabilities, Black Houseless Trans, Black Families

- **Black Women**

- **Transgender, Gender Non-conforming Intersex**

- BIPOC TGI, BIPOC Trans, Black and Latinx Trans Women, Black TGI Folks, Black Indigenous Latinx TGI, Trans Youth, Trans People, Black COD Homeless Trans

- **Youth**

- African American Youth, Black and Brown Youth, Black Youth Prevention, Trans Youth, Minorities Youth of Color, Young People of Color, Youth Aging Out of the Department of Children and Family Services (DCFS), Youth Development, American Indian Youth, Students

- **Women**

- Black Brown Women, Black Latinx Trans women, Black trans women, Black women, Black women and LGBTQ people, Latina women, incarcerated women, LGBTQ women

- **Systems-Involved**

- Diversion, Incarcerated Black People, Incarcerated People, Incarcerated Mentally Ill People, Incarcerated Women, Justice-involved, People in Pre-trial Phase

- **Brown, Latinx, Hispanic**

- BIPOC, Brown Youth, Black and Brown Women, Black and Indigenous and Latinx TGI, Homeless BIPOC, Mexican American Males, People of Color, Young People of Color

- **Black Indigenous People of Color, BIPOC**

- BIPOC, BIPOC TGI folx, Houseless BIPOC, Young People of Color, Youth and People of Color, Poor People of Color

- **People with Mental Health Needs**

- Black People with Mental Health Disabilities, Incarcerated Mentally Ill People, People with Serious Mental Illnesses (SMI), Those with Mental Illness, Unmet Mental Needs, People with Mental Health Challenges

- **Native American, Indigenous**

- BIPOC, Black Indigenous and Latinx TGI, American Indian Youth

- **Men**

- African American males, Black Male Transitional Age Youth (TAY), Black males, Black men, Mexican American males

- **People Who Use Drugs, Houseless, Undocumented, LGBTQ, Uninsured, Poor People of Color**

WHAT: The disparities or challenges that exist for our “WHO”

Stigma



Lack of outreach to
Impacted people &
especially **Black people**

Need: Whole-
Human Centered
Programs

Lack of Trauma-informed,
harm-reduction,
healing-based programs
that are intersectional

Income &
Economics

Being
unsheltered

Being low-income

Changing the system

Need: Credible
Messengers

Lack of opportunities for
those who are diverted

Lack of trust

Need qualified personnel



**Lack of access &
resources &
funding** for community-
based
programs and services,
healthcare (mental health and
substance use), **housing**
and treatment



**Lack of coordination and
infrastructure** across systems
and organizations



Intake processes

red-tape,
bureaucracy,
large systems

Gatekeepers &
Services that are in
place that are toxic &
damaging

Focus on
healing

Substance Abuse
Disorders

Criminalization of
those that self-
medicate

How Measure J can eliminate (or greatly reduce) those disparities and challenges for our WHO

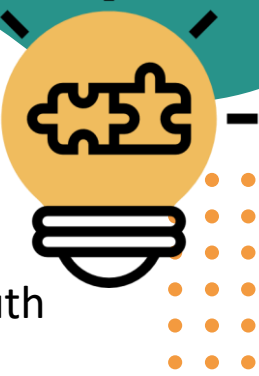
HOW



1. **Youth development, educational and mental health programs**, especially for Black youth, that provide multiple services, are trauma-informed and include life skills, domestic violence counseling, mental health services, housing, mentorship, job training, relationship building, parenting skills
2. **Barbershops with free mental health clinics**
3. Comprehensive **social safety net services** within community (**one stop shops**) outside of county/city depts
 - a. Community-based services close to and connected to the communities where people are impacted most
 - b. Supportive safe spaces for priority populations to gather and receive services (2)
 - c. Services provided by smaller organizations are more accessible
 - d. Culturally competent and sensitive, including providers being people of color
 - e. High quality
 - f. Thinking outside the box to address issues, such as Trieste-style mental health services that address multiple needs
4. Scale up **successful community programs** county-wide, such as Project LEAD from the LA County DA's Office
5. Increase **parks, green space and recreation** to connect people, specifically Black males, with nature

How Measure J can eliminate (or greatly reduce) those disparities and challenges for our WHO

HOW



6. Providing and increasing access to **permanent, supportive housing** to all, especially mothers, families and youth along with access to wraparound behavioral health services
7. Evidence-based, **harm reduction, trauma-informed approaches in health care and mental health**
 - a. Substance use services for those not ready for treatment (e.g., syringe/needle exchange, safe spaces)
 - b. Address intersectional issues (e.g., Black TGI youth that are homeless, formerly incarcerated)
 - c. Have ways to lower cost or be free with no strings attached (e.g., stipends)
8. **Integrated treatment providers** and services for co-occurring, dual diagnosis disorders
9. Voluntary, **pre-trial release services**
 - a. Support to families
 - b. Support for and by Black and LGBTQIA+ folks (before, during and after contact with law enforcement)
 - c. Use transformative/ restorative justice practices
10. **Diversion programs** for those **experiencing trauma related to sex trafficking** and involved in **sex industry**
 - a. Decriminalize sex work
 - b. Coercion Resilience Diversion Program for survivors of sexual exploitation/ trafficking

How Measure J can eliminate (or greatly reduce) those disparities

11 Challenges for our WHO

12. **Financial assistance** to all including high school graduates, such as providing stipends or universal basic income
13. **Emotional services for Black youth**
14. **Sufficient number of case managers** that can stay with people **long-term**
15. **Transportation** support
16. **Vocational training**
17. Well-rounded, **peer-based program models** and **resources for trans people** (e.g., housing, less interaction with criminal justice system, queer-informed outreach workers)
18. Rapid or pre-determined intervention and **wraparound services**, such as crisis beds for substance use
19. Programs that **strengthen relationship with local law enforcement and county jails** (e.g., being able to work while in jail, increase positive communication with probation/parole departments)
20. Have **decentralized community-based care**

HOW



How Measure J can eliminate (or greatly reduce) those disparities and challenges for our WHO

HOW



21. Programs and services that involve less law enforcement or no interaction with the criminal justice system (e.g., Psychiatric Emergency Teams (PET) instead of police interaction)
22. Pre-screen behavioral health-related candidates before release for SSI/SSDI Disability Benefits
23. Consistent diversion programs throughout all Los Angeles Courts
24. Collaborating across sectors (e.g., churches, libraries, community centers, parks/green space, mental health services)
25. Services for low functioning individuals
26. Home visitation/ promotoras model to provide support to the community
27. Training for service providers to provide the same level of care and treatment
28. Programs and services at all intercepts outlined in the Intercept Model (ATI report)
29. Increase the use of 9-8-8 Mental Health Emergencies through marketing campaigns

How Measure J can eliminate (or greatly reduce) those disparities and challenges for our WHO

HOW



- 30. Free and accessible trauma treatment for all formerly incarcerated
- 31. Fill in the gaps and better supporting youth as the juvenile system shifts care for youth to County
- 32. Supporting youth caretakers
- 33. Institution for Mental Disease (IMD) facilities as alternatives to Twin Towers providing mental health services
- 34. Mobile mental health services
- 35. More outreach and monitoring support for Skid Row area
- 36. Using arts-based healing
- 37. Provide living wage jobs
- 38. Care-first model

BREAKOUT SESSION:

“How Measure J can eliminate (or greatly reduce) those disparities and challenges for our “WHO?”

Ideas generated at Meeting #3 in Breakout Sessions, captured on Google Jamboards:

Breakout Groups 1-20

<https://jamboard.google.com/d/190CEFIHRRI8cwh5py0Bkga--w60aHUiqBGclrjU1uls/edit?usp=sharing>

Breakout Groups 21-23 and Main Room

https://jamboard.google.com/d/1cv4lvMgTbAce1_i5UNY9hJ-Z-yNhJkAOkgt6x41dFEM/edit?usp=sharing

The Alternative to Incarceration Recommendations related to our Subcommittee:

Shared at Meeting #1

These recommendations were developed by community members to center care, build community, and lead to decarceration.

This Subcommittee may want to develop these recommendations or find ways to fund them with Measure J



The Alternative to Incarceration Recommendations related to our Subcommittee:

Shared at
Meeting #1

Create and expand decentralized, coordinated **service hubs** in strategic locations across the eight Service Planning Areas (especially SPA 1, 3, and 7) **where people**, their families, and support network **can seek** referral and/or immediate admission **24-hours a day** to a **spectrum of trauma-informed services**.

Expand **family reunification** models and connect families to **low-cost or no-cost parenting groups**.

Optimize and increase the appropriate use and process for mental health conservatorship and assisted outpatient treatment, and resource them accordingly.

Support and broaden implementation of community-based harm reduction strategies for individuals with mental health, substance use disorders, and/or individuals who use alcohol/drugs, including, but not limited to, sustained prescribing of psychiatric medications and medication-assisted treatment (MAT).

The Alternative to Incarceration Recommendations related to our Subcommittee:

Shared at
Meeting #1

Significantly increase the number of Department of Mental Health (DMH) Psychiatric Mobile Response Teams (PMRTs) to reduce service wait times.

Train 911 operators and dispatch on mental health screening, to direct calls involving behavioral health crises that do not require a law enforcement response toward DMH's ACCESS line.

Develop and expand pre-arrest and pre-booking diversion programs, using decentralized, cross-functional teams to coordinate behavioral health assessments and connections to community-based systems of care, for people whose justice system involvement is driven by unmet behavioral health needs, in coordination with law enforcement and community providers.

Improve and expand return-to-court support services to reduce failures to appear.

The Alternative to Incarceration Recommendations related to our Subcommittee:

Shared at
Meeting #1

Develop a strengths and needs-based system of pre-trial release through an independent, cross-functional entity, situated outside of law enforcement, to coordinate voluntary needs and strengths assessments expeditiously upon booking, and to provide relevant information to court officers to make informed release decisions.

Institute a presumption of pre-trial release for all individuals, especially people with clinical behavioral health disorders, whenever possible and appropriate, coupled with warm handoffs to community-based systems of care, to provide targeted services, if necessary, to help individuals remain safely in the community and support their return to court.

Improve equal access to all treatment resources for justice-involved individuals, wherever they may be (in or out of custody).

Create a robust AB 1810 Diversion scheme—PC 1001.36 and 1170(a) (1)(B)(iv) and 1370.01(a)(2)—to identify early on persons eligible for diversion and develop pathways Countywide to connect individuals to appropriate mental health programs to accomplish the goals of pre-conviction diversion and respond to all other present and future diversion opportunities, including pre- and post-conviction.

The Alternative to Incarceration Recommendations related to our Subcommittee:

Shared at
Meeting #1

Expand supported employment **opportunities for persons with mental health, substance use, or co-occurring disorders**, including flexible funds for basic client needs to find employment (e.g., birth certificates, etc.).

Expand and coordinate data tracking/collection **across all relevant County justice and health/social service entities** to retrieve data necessary for services, programming, preventative measures, and alternatives to incarceration.